Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, Indiana 46204



Michael R. Pence Governor of Indiana Nicholas W. Rhoad IPLA Executive Director

Massage Therapy Expired Renewal

Your massage therapy certification in the state of Indiana is expired. If you would like to pay by credit card you may renew your certification online at www.pla.in.gov. You will still be required to send proof of liability insurance to our office by fax or mail if you use this method for renewal. To renew by mail, please complete this document in its entirety and submit it with the renewal fee of \$200 and the required proof of insurance to the office address shown in the above left corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

Tesp	LICENSEE INFORMATION: Update address	if needed and n	rovide a curi	ent nhone number ar	nd email	addrass	
Licensee Name		License Nui		Expiration Date			
Str	eet Address						
City		State		Zip Code			
Phone Number		Email Address					
		QUESTIONS					
1.	1. Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?					YES	NO
2.					У	YES	NO
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?					YES	NO	
4.							NO
5.						YES	NO
6. Do you have liability insurance which lists the State of Indiana as additionally insured?					YES	NO	
LICENSEE AFFIRMATION I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true to the best of my knowledge. Signature of Licensee Date (month, day, year)							
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<u>Professional Liability Insurance</u>: You are required to hold professional liability insurance, which lists the State of Indiana as additionally insured, in order to practice massage therapy in the State of Indiana. In order to finish your renewal, you must send your proof of insurance to the board by email to <u>pla14@pla.in.gov</u> or fax to 317-233-4236.

Visit us on the web at www.pla.in.gov. If you have any questions for the Massage Therapy Board please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY					
Renewal Fee	Receipt No.	Date			